				7	10/78/010								
1	`								Application or Docket Number				
•	PATENT A	RD	00766.000019.1										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			22					RATE .FEE		] .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	385.00	OR	Basic Fee	770.00	
TOTAL CHARGEABLE CLAIMS			24 minus 20=		. 4		XS 9=			OR	XS18=	7.2	
INDEPENDENT CLAIMS			mi	nus 3 =	φ.		X43=			OR	X86=		
MULTIPLE DEPENDENT CLAIM P						· Ø		145=		OR	+290=	290	
* If the difference in column 1 is less than zero, enter "0" in column 2							T	TOTAL		OR	TOTAL	1132	
2 CLAIMS AS AMENDED - PART II (Column 2) (Column 3)								MALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA	T I NA	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIC PAID	EST BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OM DE	Total	· 1/2	Minus .	- 20	4	· Ø	×	\$ 9=		OR	X\$18=		
ME	Independent	• 2	Minus		3	•0	×	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C			CLAIM		1.	145=		OR	+290=			
							<u> </u>	TOTAL		OR	TOTAL ADDIT, FEE		
			11. F <del>4</del> 5.										
ENT B		CLAMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
20	Total	• 1.4	Minus	<b></b> •2	4.	-0	×	\$ 9=		OR	X\$18=	\ .	
AMENDMENT	Independent	• 2	Minus	SNDENI	3 CLAIM	•0.	×	43-		OR	X86≖		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .						+1	45=		OR	+290≈	\.	
-,								TOTAL IT. FEE		OR	ADOIT. FEE		
	(Column 1) (Column 2) (Column 3)									` ` \			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 14	Minus	- 2	4	<b>-</b> Ø	×	\$ 9=		OR	X\$18=		
	Independent	• 2	Minus	***	3	·8	×	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=		OR	+290=		
	<ul> <li>ti the entry in column 1 is less than the entry in column 2, write "t" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul>									OR	TOTAL ADDIT, FEE		
-	of the Thirthest She	mber Previously Pa	aid For IN THE	S SPACE I	n lest the	n 3. entet "3."		T. FEE	ropriste bo				